Neil C. Jackson, MD Adult Medicine Core Topic Review **Dyspepsia**

GENERAL – Non-specific symptomatology with wide differential / heterogenous pathophysiology

EPIDEMIOLOGY – 25% of population each year, 25% have underlying organic cause

DIFFERENTIAL

* PUD
* GERD
* Malignancy (Asian, Hispanic, Afro-Caribbean)
* Biliary (episodic acute/severe upper abd.pain lasting for one-several hours
* Meds
* Functional
* Other (malignancy/gastroparesis/pancreatitis/etc)

75% have functional/idiopathic/nonulcer dyspepsia

* **NO** evidence of structural disease
* Symptom onset @ least 6 months prior
* Criteria fulfilled for last three months

SYMPTOMS - ROME III criteria, one or more of following symptoms

1. Postprandial fullness (postprandial distress syndrome)
2. Early satiation (inability to finish normal sized meal)
3. Epigastric pain or burning (epigastric pain syndrome)

DIAGNOSIS – Assess for alarm features, follow algorithm (following page)

* EGD if alarm features
* H.pylori testing
* CBC / BMP / LFTs / Ca
* Gastric motility studies

TREATMENT

* Triple, quadruple therapy for h.pylori
* PPI x8wks
* Consider TCA in functional dyspepsia
* Metoclopramide (prokinetic)

